

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$365)**

**APPROVED
AND
FILED**

95 JUL -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758691 (0)

1. Corporation Name

SABAL PALM EXTENSION ASSOCIATION, INC.

A NOT FOR PROFIT CORP. * !!!

Principal Place of Business

Mailing Address

4530 TAMiami TRAIL #3
NAPLES FL 33940

4530 TAMiami TRAIL #3
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

06/09/1981

05/01/1994

4. FEI Number

59-2107545

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**FILING FEE IS
\$61.25**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCTAGUE, JAMES A
4530 TAMiami TRAIL N
NAPLES FL 33940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signatures required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD
NAME	MCTAGUE, JAMES A
STREET ADDRESS	4530 N TAMiami TR
CITY - ST - ZIP	NAPLES, FL 00000 33940
TITLE	PD
NAME	TOWNSEND, JOSEPH E.
STREET ADDRESS	4530 N TAMiami TR
CITY - ST - ZIP	NAPLES, FL 00000 33940
TITLE	SD
NAME	EMILIO BAEZ
STREET ADDRESS	4530 N TAMiami TR
CITY - ST - ZIP	NAPLES, FL 00000
TITLE	TD
NAME	MORELISSE, HENDRIK
STREET ADDRESS	113 PALMETTO DUNES CIR
CITY - ST - ZIP	NAPLES, FL 33940
TITLE	D
NAME	IRGANG, MARK
STREET ADDRESS	418 PINE AVE
CITY - ST - ZIP	NAPLES, FL 00000
TITLE	D
NAME	HUTCHINSON, LIONEL
STREET ADDRESS	13595 SW 83RD CT
CITY - ST - ZIP	MIAMI FL

11 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	RICHARD BREWER	
13 STREET ADDRESS	8158 Lake San Carlos CIRCLE	
14 CITY - ST - ZIP	FT MYERS, FL 33912	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	ANDY CAMBELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	404 MARATHON COURT	
53 STREET ADDRESS	NAPLES, FL. 33962	
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #

CR2E037 (3/95)